

# Rainbow Forest Student Ministries Release & Medical Authorization



Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Medical Allergies/Conditions \_\_\_\_\_

use reverse side if needed

## CONSENT AND CERTIFICATION

I am the parent/legal guardian of the above-named student and have the authority to consent to participation of my student in **Rainbow Forest Student Ministries** during the 2020-2021 program year (August 1, 2020 through July 31, 2021), including any and all programs and activities customarily associated with a church student group. My student can participate in all such programs or events, except (please specify all exceptions):

Initial \_\_\_\_\_

I also consent to my student riding in a vehicle driven by a Rainbow Forest Baptist Church pastor, staff member, volunteer, or hired commercial driver. I agree that Rainbow Forest Baptist Church, its employees, agents and volunteers shall not be liable for damages, losses, diseases, injuries or death while attending or participating in a program, function, or activity. I hereby waive any claims which I or my student may have or hereafter acquire against Rainbow Forest Baptist Church, its employees, agents or volunteers for any such damages, losses, diseases, injuries, or death.

Initial \_\_\_\_\_

## MEDICAL AUTHORIZATION

I certify that I have the right to consent to medical treatment of the student named on this form. I do consent to any x-ray, routine tests, anesthetic, injections, medical, surgical or dental diagnosis, treatment or hospitalization that may be deemed necessary for my student. If I cannot be reached in an emergency, I give permission to the physician selected by Rainbow Forest Baptist Church pastors and/or its employees, agents and volunteers to make the decisions necessary for treatment. I agree that the Forest Baptist Church pastors and/or its employees, agents and volunteers shall not be liable for damages, losses, diseases, injuries or death incurred by the student named on this form so long as the treatment is administered by or under the supervision of a licensed physician. Further, I am ultimately responsible for the health care cost for the above-named student and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my student. I understand that I am responsible for the costs of any medical care not reimbursed by health insurance.

Initial \_\_\_\_\_

## PUBLICITY WAIVER

I allow my student's picture to be used by **Rainbow Forest Student Ministries** for various needs such as newsletters, Rainbow Forest Baptist Church website and/or any social media for **Rainbow Forest Student Ministries** (Facebook, Twitter, etc.).

Initial \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_ Cell Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_ Preferred Hospital \_\_\_\_\_